

Health Information and Quality Authority Regulation Directorate

Inspection report Designated centres for older people



Centre name:	Cramers Court Nursing Home		
Centre ID:	0218		
Centre address:	Belgooly		
	Co Cork		
Telephone number:	021-4770721		
Fax number:	021-4770979		
Email address:	info@cramerscourt.com		
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public		
Registered providers:	Inis Ban Ltd		
Person in charge:	Theresa Downing		
Date of inspection:	11 October 2012		
Time inspection took place:	Start: 08:30hrs Completion: 14:00hrs		
Lead inspector:	Geraldine Ryan		
Support inspector:	N/A		
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced		
Purpose of this inspection visit:	<input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Focused inspection to address a specific issue based on information received		

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with Regulations and Standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This inspection report sets out the findings of a monitoring inspection to:

- ☒ follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- ☐ address a specific issue based on information received

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 1: Statement of Purpose	<input type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input type="checkbox"/>
Outcome 8: Medication Management	<input type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input type="checkbox"/>

This monitoring inspection was unannounced and took place over one day.

The purpose of the inspection was to follow up matters arising from a previous inspection on 5 July 2012 and 6 July 2012, and to ensure that actions required of the provider had been taken.

During the course of inspection on 5 July 2012 and 6 July 2012, some inspection findings indicated that there was an immediate risk to the welfare of residents as a result of significance non-compliance with the regulations.

An immediate action plan and a standard action plan were issued by the Authority arising from the inspection of 5 July 2012 and 6 July 2012.

Immediate action plan:

An immediate action plan was issued to the provider by the Authority on 9 July 2012. This plan outlined the issues posing an immediate risk to residents and what the registered provider was required to do to about these risks. The timeframe for response, as set by the Authority, was 13 July 2012.

These issues included:

- implementation of a cleaning schedule
- maintenance of all furnishings
- risk assessments of all window openings
- addressing exposed wiring by a suitably qualified person
- correct disposal of incontinence wear
- introduce procedures for correct cleaning/decontamination of commodes/urinals
- staff training on infection control issues
- provision of appropriate and sufficient seating for all residents.

On the day of inspection, the inspector noted that the key issues identified for action in the immediate action plan were addressed.

Standard action plan:

The second action plan identified areas where improvements were required to address deficits in the service and to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

On the day of inspection, the inspector noted that while some progress was made on some actions, others were not addressed. These are detailed under actions reviewed on inspection.

Actions reviewed on inspection:

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

Action required from previous inspection:

The statement of purpose to include the following information:

- the current professional registration, relevant qualifications and experience of any person in charge
- the name(s) of key senior managers
- the maximum number of residents who will be accommodated at the designated centre in accordance with the information provided by the

applicant under the Health act 2007 (Application for Registration of Designated Centres) Regulations 2009, is correctly identified as 59

- ensure the number of residents is correct in all pages of the statement of purpose document, with particular reference to pages eight and page ten
- the correct number of single en suite bedrooms.

This action was completed.

The statement of purpose included all matters as listed in Schedule 1, Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 2: Contract for the provision of services

Action required from previous inspection:

Agree a contract with each resident within one month of admission to the designated centre.

This action was completed.

However, the person in charge stated that one contract of care was outstanding as there was a difficulty in obtaining a signature on the contract.

Theme: Safe care and support

Outcome 6: Safeguarding and safety

Action required from previous inspection:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

This action was not completed and not within the timeframe of 30 September 2012 as submitted to the Authority by the provider.

The inspector viewed records of staff having signed as having watched a DVD of the prevention of elder abuse. The response from the provider on 8 August 2012 indicated that staff would be sent for training on 28 September 2012 and 29 September 2012. On the day of inspection, the person in charge stated that staff were booked to go to training on the prevention of elder abuse. However, the inspector noted that records indicated that no staff had attended the training on 28 September 2012 and 29 September 2012. This was subsequently confirmed by the person in charge.

Outcome 7: Health and safety and risk management

Action required from previous inspection:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Ensure that the risk management policy covers the precautions in place to control the specified risk of self-harm.

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Provide safe floor covering.

Immediately provide staff training on policies and procedures on infection control.

Make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals, when the designated person is on annual leave.

Provide suitable training for all staff in fire prevention and fire drills.

Review the recording of all fire alarm tests carried out at the designated centre together with the result of any such test and the action taken to remedy defects so that information is maintained in a manner to ensure completeness, accuracy and ease of retrieval.

Ensure fire records include up-to-date details of fire drills and fire alarm tests.

The inspector found on the day of inspection that seven of the ten actions issued by the Authority from the previous inspection had been fully addressed. The seven actions were:

- take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre
- provide safe floor covering
- provide immediate staff training on policies and procedures on infection control
- make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals, when the designated person is on annual leave
- provide suitable training for all staff in fire prevention and fire drills
- review the recording of all fire alarm tests carried out at the designated centre together with the result of any such test and the action taken to remedy

defects so that information is maintained in a manner to ensure completeness, accuracy and ease of retrieval

- ensure fire records include up-to-date details of fire drills and fire alarm tests.

Three actions were not completed and these were:

- ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified
- ensure that the risk management policy covers the precautions in place to control the specified risk of self-harm
- ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Outcome 8: Medication management

Action required from previous inspection:

Compile a medication management policy that contains guidelines on the administration of medications.

Ensure appropriate staff are familiar with policies and procedures on medication administration.

The inspector viewed the medication management policy. There was evidence that staff had signed they had read the policy. However, the policy did not include the maximum dose for medication administered as required (PRN).

Outcome 9: Notification of incidents

Action required from previous inspection:

No action required from previous inspection.

The inspector noted that notifications were submitted to the Authority in a timely manner.

Theme: Effective care and support

Outcome 10: Reviewing and improving the quality and safety of care

Action required from previous inspection:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

There was no evidence available to indicate that a programme of individual quality of care audit was commenced. The person in charge confirmed that individual quality of care audits were not yet established. The timeframe submitted for completion of this action was December 2012. The person in charge confirmed that training for management in clinical audit was booked for November 2012 and a full clinical audit would be in place by mid-December 2012.

Outcome 11: Health and social care needs

Action required from previous inspection:

Ensure the designated centre's policy on challenging behaviour provides guidance on understanding, investigating the cause(s) of, assessing, and responding to behaviour that is challenging.

Ensure all staff have up-to-date knowledge and skills, appropriate to their role, to enable them to manage and respond to behaviour that is challenging.

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities and document this in the residents' care plans.

Ensure staff have up-to-date knowledge and skills appropriate to the assessed needs of residents, particularly when residents are engaging in activities appropriate to their interests.

Facilitate each resident's access to occupational therapy or any other services as required by each resident.

The inspector found on the day of inspection that, of the five actions listed above, two actions had been fully addressed and within the timeframe submitted to the Authority by the provider.

The two completed actions referred to:

- ensure the designated centre's policy on challenging behaviour provides guidance on understanding, investigating the cause(s) of, assessing and responding to behaviour that is challenging
- facilitate each resident's access to occupational therapy or any other services as required by each resident.

The policy on challenging behaviour was updated in August 2012.

The inspector noted that the centre had engaged the services of an occupational therapist to assess all residents for appropriate seating. The residents did not incur a cost for the assessment or for the provision of new seating.

There was evidence that seating had been purchased. The person in charge was unable to furnish the inspector with a report from the occupational therapist as she had not yet received it.

Three actions were not completed and these included:

- ensure all staff have up-to-date knowledge and skills, appropriate to their role, to enable them to manage and respond to behaviour that is challenging
- provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities and document this in the residents' care plan
- ensure staff have up-to-date knowledge and skills appropriate to the assessed needs of residents, particularly when residents are engaging in activities appropriate to their interests.

Training for staff in the management of challenging behaviour had not yet been arranged. The timeframe submitted to the Authority for this action was 30 October 2012.

The inspector viewed assessments of residents' capacity to take part in activities. While each assessment noted the medical diagnosis of the resident:

- there was no evidence of assessment of the residents capacity to participate in activities
- no record of resident's previous interests and/or expectations
- no evidence that the assessments were carried out in consultation with residents.

This action was not completed and not within the timeframe of 30 September 2012 as submitted to the Authority by the provider.

The person in charge stated that activities were provided to smaller groups and individual sessions were facilitated for residents with a cognitive impairment. The inspector viewed evidence of weekly meetings held between the person in charge and the activities coordinator. The minutes indicated that individual activity sessions were facilitated for residents with a cognitive impairment.

The activities coordinator was attending a course on Sonas (a therapeutic communication activity including cognitive, sensory and social stimulation). This course was due completion in November 2012. The person in charge stated that the coordinator was due to commence life-story work with residents (life-story work develops an understanding of an individual's life, needs and interests, is an opportunity to for residents to talk about their life experiences and is used as a communication aid with residents with a cognitive impairment).

Outcome 12: Safe and suitable premises

Action required from previous inspection:

Ensure the premises are kept in a good state of repair.

Maintain the equipment for use by residents in the designated centre in good working order.

Keep all parts of the designated centre clean and suitably decorated.

Provide suitable facilities for residents to meet visitors in a suitable private area which is separate from the residents' own private rooms.

Provide suitable provision for storage in the designated centre.

Provide necessary sluicing facilities on each floor.

Provide suitable changing and storage facilities for staff.

Check the water pressure in all wash-hand basins.

Put in place adequate arrangements for the proper disposal of swabs, soiled dressings, instruments, disposable syringes and sheets and other similar substances and materials.

Put in place adequate arrangements for the proper disposal of incontinence wear
review the adequacy of the designated centres' call-bell system.

The inspector found on the day of inspection that of the ten actions listed above, five actions had been addressed. The completed actions included:

- ensure the premises are kept in a good state of repair
- maintain the equipment for use by residents in the designated centre in good working order
- check the water pressure in all wash-hand basins
- put in place adequate arrangements for the proper disposal of swabs, soiled
 - dressings, instruments, disposable syringes and sheets and other similar substances and materials
- put in place adequate arrangements for the proper disposal of incontinence wear
- review the adequacy of the designated centres' call-bell system.

Five actions were not completed and these included:

- keep all parts of the designated centre suitably decorated
- provide suitable facilities for residents to meet visitors in a suitable private area which is separate from the residents' own private rooms
- provide suitable provision for storage in the designated centre
- provide necessary sluicing facilities on each floor

- provide suitable changing and storage facilities for staff.

The standard of hygiene within the centre was adequate. The person in charge confirmed increased housekeeping hours were maintained seven days a week. The inspector spoke with members of the housekeeping staff who confirmed that the shift now commenced at 07:30hrs and they met with the person in charge on a regular basis.

The inspector noted that electrical equipment was stored in a secure manner.

Furniture observed in a poor state of repair during inspection 5 July 2012 and 6 July 2011 had been removed. Additional bins for the disposal of incontinence wear were provided.

On a walkabout of the centre with the person in charge, the inspector noted that while some doors of residents' bedrooms were painted a colour chosen by the resident, the paintwork in residents' bedrooms required attention as walls were notably marked. The person in charge agreed with this.

The person in charge stated that regular update of the décor of the centre was maintained but was unable to furnish the inspector with a programme of décor review and renewal.

A new medical stores room had been established since the last inspection.

The call-bell system was checked by the inspector and was found to be functioning adequately in that the call-bell corresponded with the bedroom number on the identity panel. The tone and volume of the call-bell was audible to the inspector.

Staff facilities were unchanged. The inspector noted a cup and spoon belonging to staff inappropriately stored in the staff toilet.

Theme: Person-centred care and support

Outcome 13: Complaints procedures

Action required from previous inspection:

Provide clearly written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of, a designated centre.

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures. Make each resident aware of the complaints procedure as soon as is practicable after admission.

Display the complaints procedure in a prominent position in the designated centre.

Make available a nominated person in the designated centre to deal with all

complaints.

Investigate all complaints promptly.

Inform complainants promptly of the outcome of their complaints and details of the appeals process.

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a resident's individual care plan.

Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Action required:

The response from the provider on 8 August 2012 indicated that the action was completed.

While the inspector noted that the complaints procedure was prominently displayed, the procedure for the person making a complaint was unclear as it did not clearly set out the sequence of how a person could make a complaint or report a concern. The person in charge agreed with this.

This action was not completed.

Outcome 14: End of life care

Action required from previous inspection:

Ensure the policy on end-of-life care includes the following details: whenever possible that each resident's choice as to the place of death, including the option of a single room or returning home, is identified and facilitated.

This action was not completed and not within the timeframe submitted to the provider to the Authority which was 31 August 2012.

The inspector reviewed the policy on end-of-life care and noted that the policy had not been updated and not within the timeframe submitted to the Authority.

Outcome 15: Food and nutrition

Action required from previous inspection:

Ensure staff offer assistance to residents at mealtime in a discreet and sensitive manner.

Review timing of meals, in order to ensure all residents enjoy their dining experience at times convenient to them.

The two actions required from previous inspection were completed. The inspector observed staff interacting with residents in a respectful manner and offering assistance to residents at mealtime in a discreet and sensitive manner. The person in charge stated that the times of meal were reviewed in consultation with the residents and the preference expressed was that the times meals were served remained unchanged.

Outcome 16: Residents' rights, dignity and consultation

Action required from previous inspection:

Put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Provide facilities for residents to receive visitors in private separate from the resident's own bedroom.

On the day of inspection, the inspector noted that one was completed and two actions were not completed.

The completed action referred to arrangements made to facilitate residents' consultation and participation in the organisation of the designated centre.

The inspector saw evidence of the recommencement of the residents' meetings by reviewing minutes of a residents' meeting held in August 2012.

Two actions were not completed and not within the timeframe submitted to the provider to the Authority which was 31 August 2012. These actions included:

- provide residents with privacy to the extent that each resident is able to undertake personal activities in private
- provide facilities for residents to receive visitors in private separate from the resident's own bedroom.

The inspector observed that some dividing curtains in residents' bedrooms had been replaced.

The response from the provider 8 August 2012 stated that residents receiving visitors who wish to speak in private were facilitated in the dining room and conservatory when not in use. The inspector noted on the day of inspection that both the dining room and the conservatory were occupied by residents and staff confirmed that both rooms were always in use.

There was no facility for residents to receive visitors in private.

Outcome 17: Residents' clothing and personal property and possessions

Action required from previous inspection:

Cease the use of communal underwear and socks in the designated centre's use.

Ensure all residents' clothing is adequately labelled.

Ensure all residents' personal clothing is returned to the correct owner.

Ensure infection control guidelines are adhered to for the laundry/sluicing of soiled clothing.

The inspector noted that the four actions listed above were completed.

The inspector noted no evidence of the use of unlabelled clothing.

The person in charge stated, if necessary, laundry staff labelled residents' clothing, at no extra cost.

The inspector noted that residents' had their own laundry basket.

The inspector saw evidence that all staff had attended training in infection control procedures and observed staff appropriately attired with aprons and gloves.

Theme: Workforce

Outcome 18: Suitable staffing

Action required from previous inspection:

Ensure that staff have up-to-date mandatory training and access to education and training to meet the needs of residents and to enable staff to provide care in accordance with contemporary evidence-based practice.

Ensure that there is an up-to-date record of all staff training.

Supervise all staff members on an appropriate basis pertinent to their role.

The response submitted to the Authority by the provider on 8 August 2012 indicated that all actions were completed.

On the day of inspection, the inspector noted that one action was completed and two actions were not completed.

The completed action referred to the supervision of all staff members on an appropriate basis pertinent to their role. Staff spoken with by the inspector stated that they were supervised by either the person in charge or the key senior manager.

The actions not completed were:

- ensure that staff have up-to-date mandatory training and access to education and training to meet the needs of residents and to enable staff to provide care in accordance with contemporary evidence-based practice
- ensure that there is an up-to-date record of all staff training.

The inspector requested to see the staff training records. The person in charge confirmed that records of staff training were kept in a diary, indicating who was booked to go on a training day. The person in charge confirmed that no training needs analysis was carried out on staff, or were staff surveyed regarding their training needs.

The inspector noted entries in the diary which identified staff to attended training in challenging behaviour and the prevention of elder abuse. On further exploration, it emerged that the named staff did not attend either training days. The person in charge confirmed this and, in the presence of the inspector, corrected the entries in the diary pertinent to the particular training days.

At the close of the inspection visit a feedback meeting was held with the person in charge, to report on the inspectors' findings, which highlighted areas of good practice, where improvements were needed and areas of immediate risk.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents and staff during the inspection.

Report compiled by:

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

18 October 2012

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report *

Centre Name:	Cramers Court Nursing Home
Centre ID:	0218
Date of inspection:	11 October 2012
Date of response:	5 November 2012

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Safe care and support

Outcome 6: Safeguarding and safety

The person in charge is failing to comply with a regulatory requirement in the following respect:

Not ensuring that staff members have access to education and training in the prevention of residents being harmed or suffering or being placed at risk of harm or abuse.

Action required:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 17: Training and Staff Development Standard 8: Protection Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The nursing home is committed to training all its staff in the core skills required to fulfil their roles.</p> <p>At the time of the inspection three members of staff had not completed an elder abuse training course. Training for these staff members was scheduled for 28 September 2012 and 29 September 2012 at St Luke's education centre. As two of these staff members had resigned, their training course was cancelled while the third member of staff, who recently has undertaken FETAC Level 5 Care of the Elderly, was in college on the day of the course and was unable to attend.</p> <p>This subject will be covered in her upcoming course work. Any new staff members who have not completed this course will be scheduled to do so as soon as is practicably possible. For staff whose two-year mandatory training on elder abuse is due to expire, training will be scheduled in advance of the expiry date.</p>	<p>Ongoing</p>

Outcome 7: Health and safety and risk management

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Not ensuring that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.</p> <p>Not ensuring that the risk management policy covers the precautions in place to control the specified risk of self-harm.</p> <p>Not ensuring that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</p>
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Action required: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.	
Action required: Ensure that the risk management policy covers the precautions in place to control the specified risk of self-harm.	
Action required: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.	
Reference: Health Act, 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The nursing home will ensure that the risk management policy will cover the identification and assessment of risks throughout the designated centre and the precaution in place to control the risks identified including self harm. All serious untoward incidents involving residents will be recorded going forward. Investigations and actions will be taken from the learning experience to prevent reoccurrence.	30 November 2012 Ongoing

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: Not ensuring the maximum dosage of medication as required (PRN) is documented in the medication prescription charts. Not ensuring that the centre's policy on medication management includes reference to ensuring that the maximum dosage of medication, as required (PRN), is documented in the medication prescription charts.
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Action required: Ensure the maximum dosage of medication prescribed as required (PRN) is documented in the medication prescription charts.	
Action required: Ensure the centre's policy on medication management includes reference to ensuring that the maximum dosage of medication prescribed as required (PRN), is documented in the medication prescription charts.	
Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The centre's medication policy has been adjusted to ensure that maximum dosage levels of medication prescribed as required (PRN) is documented in the medication prescription charts.	7 November 2012 and ongoing

Theme: Effective care and support
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Outcome 11: Health and social care needs

The provider is failing to comply with a regulatory requirement in the following respect: Not ensuring all staff have up-to-date knowledge and skills, appropriate to their role, to enable them to manage and respond to behaviour that is challenging. Not providing opportunities for each resident to participate in activities appropriate to his/her interests and capacities and document this in the residents' care plan. Not ensuring staff have up-to-date knowledge and skills appropriate to the assessed needs of residents, particularly when residents are engaging in activities appropriate to their interests.
Action required: Ensure all staff have up-to-date knowledge and skills, appropriate to their role, to enable them to manage and respond to behaviour that is challenging.

Action required: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities and document this in residents' care plans.	
Action required: Ensure staff have up-to-date knowledge and skills appropriate to the assessed needs of residents, particularly when residents are engaging in activities appropriate to their interests.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The staff member who was scheduled for training on challenging behaviour by 30 October 2012 left before this date. Regular training on challenging behaviour is provided to all staff on an ongoing basis. New staff who have not completed this training will be sent on an appropriate course as soon as courses can be arranged. All residents are currently being assessed for ability to take part in activities. Documentation will be provided and signed by the GP. The nursing home has a comprehensive activities programme covering the residents' cognitive abilities. Upon admission residents who can communicate effectively are asked what activities they are interested in which the nursing home through its activity coordinator organises. For residents with cognitive impairments Sonas tools are utilised and family members are consulted. Our activity coordinator will have her Sonas training completed in November 2012 and a care supervisor has completed her refresher course in October 2012. Going forward, interests and capacities will be documented in their care plans.	Ongoing Ongoing 30 November 2012 and ongoing

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect:

Not keeping all parts of the designated centre suitably decorated.

Not providing suitable facilities for residents to meet visitors in a suitable private area which is separate from the residents' own private rooms.

Not providing suitable provision for storage in the designated centre.

Not providing necessary sluicing facilities on each floor.

Not providing suitable changing and storage facilities for staff.

Action required:

Keep all parts of the designated centre suitably decorated.

Action required:

Provide suitable facilities for residents to meet visitors in a suitable private area which is separate from the residents' own private rooms.

Action required:

Provide suitable provision for storage in the designated centre.

Action required:

Provide necessary sluicing facilities on each floor.

Action required:

Provide suitable changing and storage facilities for staff.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

The nursing home is decorated on an ongoing basis by the nursing home maintenance team. Due to the high level of wear and tear on the facility, a comprehensive redecorating schedule

31 March 2013

<p>is currently being compiled and will be forwarded to the Authority. The redecoration of the area identified in this schedule will be completed by March 2013</p> <p>The inspector was advised during the feedback meeting that the centre has applied for planning permission to extend its facility which will address the centres current physical environmental issues. At all times we do everything possible to facilitate private meetings between residents and their visitors. The new facility will have dedicated meeting rooms and quiet areas.</p> <p>The centre has dedicated storage areas which will be enhanced once the proposed extension is built. Extra shelving will be installed in the existing storage areas and unused items will be transferred to our storage facilities outside the nursing home building.</p> <p>The provider has committed to installing additional sluicing facilities on the ground floor which is included in the planning permission for the extension and refurbishment of the existing facility. Once planning has been granted and fire and disability certificates issued, a sluice room will be installed immediately on the ground floor.</p> <p>Enhanced staff changing and storage facilities are including in our plans for the extension and renovation of the nursing home. This work cannot commence until we have received planning permission and fire and disability certification.</p>	<p>Ongoing subject to planning permission</p> <p>31 December 2012</p> <p>1 June 2013 subject to planning and certification</p> <p>Ongoing subject to planning.</p>
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Theme: Person-centred care and support

Outcome 13: Complaints procedures

The provider is failing to comply with a regulatory requirement in the following respect:

Not ensuring that the designated centre has clear written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspect of service, care and treatment provided in, or on behalf of a designated centre.

Not ensuring the arrangements for dealing with complaints made by or on behalf of persons seeking, receiving or having received any of the services provided through the designated centre, are set out in a clear manner and that the procedure is publicised in a prominent location.

Action required: Provide clear written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of, a designated centre.	
Action required: Ensure the arrangements for dealing with complaints made by or on behalf of persons seeking, receiving or having received any of the services provided through the designated centre, are set out in a clear manner and that the procedure is publicised in a prominent location.	
Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response Complaints procedure is currently been amended.	30 November 2012

Outcome 14: End of life care

The provider is failing to comply with a regulatory requirement in the following respect: The policy on end-of-life care was incomplete.
Action required: Ensure the policy on end-of-life care includes the following details: whenever possible that each resident's choice as to the place of death, including the option of a single room or returning home, is identified and facilitated.
Reference: Health Act, 2007 Regulation 14: End of Life Care Standard 16: End of Life Care

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The end of life policy will be amended to include missing items.</p>	<p>30 November 2012</p>

Theme: Workforce

Outcome 18: Suitable staffing

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Ensuring that staff have up-to-date mandatory training and access to education and training, to meet the needs of residents.</p> <p>Ensuring that there is an up-to-date record of all staff training.</p>
<p>Action required:</p> <p>Ensure that staff have up-to-date mandatory training and access to education and training to meet the needs of residents and to enable staff to provide care in accordance with contemporary evidence-based practice.</p>
<p>Action required:</p> <p>Ensure that there is an up-to-date record of all staff training.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The nursing home is committed to ensuring its staff complete mandatory training and additional training to optimise their skills and to meet requirements. The individuals identified who did not complete training on challenging behaviour had left or resigned from the nursing homes' employment before the planned training date, which was subsequently cancelled. All new staff with skill shortages are put on compulsory training as soon as it can be organised after they start.</p>	<p>Ongoing</p>

<p>The nursing home keeps comprehensive training records for all staff which were shown to the inspector during her audit. A summary form of all training completed by all staff was requested by the inspector going forward, which the centre will provide.</p>	<p>30 November 2012</p>
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Any comments the provider may wish to make:

Provider's response:

The provider and management would like to thank the inspector for the actions and recommendations arising from the inspection which will help the nursing home enhance its level of care for our residents.

Provider's name: Eileen Plunkett

Date: 9 November 2012